

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

10/ 558750

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/				
2			/				
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49			/				
50			/				

TOTAL IND.	↓	/	↓		↓		
TOTAL DEP.	←	12	←		←		
TOTAL CLAIMS	[REDACTED]	13	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							

TOTAL IND.	↓		↓		↓		
TOTAL DEP.	←		←		←		
TOTAL CLAIMS	[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]